

ANNUAL REPORT
ON THE
PUBLIC HEALTH AND SANITARY
CONDITION
OF THE
RURAL SANITARY DISTRICT
OF
PENRITH,
For the Year 1898.

FRANCIS HASWELL,

M.D., C.M., (Edin.), M.R.C.S. (Eng.),

MEDICAL OFFICER OF HEALTH.

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ANNUAL REPORT.



GENERAL CONSIDERATIONS.

The District of the Penrith Rural Council covers an area of 161,293 acres, but a large amount of this is fell land, uncultivated, and only grazed by sheep. The general characteristics are hill and dale, numerous small valleys, and the larger valley of the Eden on the East side of the district. The highest altitudes are Crossfell on the East Side, 2930 feet, and Blencathra on the West, 2847 feet; the lowest level is about 250 feet at the extreme North of the district near Wreay and Armathwaite.

The population is entirely rural, occupying numerous villages and isolated farmhouses scattered between them. They are generally well housed and fed; destitution of the extreme kind does not occur, as may be evidenced by the fact that there are only about 100 persons receiving permanent relief in the district.

GEOLOGY.

On the West side the geological formation is chiefly Skiddaw slate and Volcanic Rocks, and it is in this part of the district that the high ground principally occurs, viz :—Blencathra, parts of Helvellyn and Skiddaw. Further East is a long belt of Carboniferous Limestone, running nearly North and South, which then gives place to Permian sandstone, comprising the whole of Penrith Fell and extending across the the River Eden to the slopes of the Pennine Range, where the Carboniferous Series again commence on the East Side of the Great Pennine Fault.

VITAL STATISTICS.

Births.

During the year 1898 there have been 291 births registered in this district; this is lower than any year since the records were begun; consequently the birth-rate is the lowest recorded viz :—22·12 per 1000.

The distribution of the Births is as follows.—

			<i>Males.</i>	<i>Females.</i>
Penrith Rural Sub-district	...	...	32	43
Greystock	„	...	59	41
Kirkoswald	„	...	63	53
			<hr/> 154	<hr/> 137

This Birth-rate is an average one for this part of the country, the rate for 10 Rural Districts of Cumberland for 1896 and 1897 being 23·05. It is considerably under the rate for England and Wales which is 29·7; the probable reason for this is the migration of young men and women to the towns, leaving a larger proportion of old persons in the country districts; this of course leads to less overcrowding, less of the struggle for existence, with its consequent semi-starvation and squalor among the poorer classes and thus the Death-rate in the Country Districts is affected by the same cause in a similar manner.

Of the 291 Births 21 were illegitimate, giving an illegitimate Birth-rate of 1·57. This is not higher than several other parts of Rural England.

The following table gives the statistics in detail:—

District.	Total Births.	Illegitimate.	Birth-rate per 1000 population	Legitimate Birth-rate per 1000 population	Illegitimate Birth-rate per 1000 population.	Illegitimate Birth-rate per 1000 births
Penrith Rural...	75	5	23·51	21·95	1·56	66·66
Greystock ...	100	7	21·70	20·18	1·52	70·00
Kirkoswald ...	116	9	21·17	19·53	1·64	77·58
Totals ...	291	21	22·12	20·55	1·57	71·41
England & Wales	...	...	29·7	28·4	1·39	...
10 Rural Districts of Cumberland }	...	...	23·05	...	...	...

General Mortality.

The number of Deaths in 1898 has been 175. This number is considerably below that for 1897, but not so low as 1896, when the deaths only numbered 163, the lowest number recorded in the district. The decline in number from last year has been chiefly in Constitutional and Local Diseases represented in greater part by Phthisis (10 as compared with 16) and apoplexy (13-30).

Death Rate.

The Death-rate this year is low, being only 12·96 per 1000 on an estimated population of 13,275. It seems probable that this will be as low as or lower than any district in Cumberland, which says a great deal for the general healthiness and sanitary condition of the District.

Classification of Deaths according to Age.

(a) *Under 1 year.*—There have been 23 deaths of infants at this age. One only, returned as Enteritis, may have been due to Infantile Diarrhœa. Five Infantile deaths are due to Pneumonia, these deaths are always to be regretted as they are usually due to some avoidable chill.

The cause of death in these cases has been :—

Influenza	..	...	...	...	2
Premature Birth	...	...	...	...	7
Atelectasis	...	...	...	...	1
Heart Disease	...	...	...	...	1
Aneurism (?)	...	...	...	...	1
Pneumonia	...	...	...	...	5
Acute Gastritis	...	...	...	...	1
Enteritis	...	...	...	...	1
Peritonitis	...	...	...	...	1
Jaundice	...	...	...	...	1
“General Debility”	...	...	...	...	1
“Exigencies of Labour during Birth”...	...	...	...	...	1
					—
					23

The Infantile Death-rate is thus 82·33 per 1000 Births, which is considerably lower than the rest of the County.

(b) *One year and under 5 years.*—5 deaths, one of which was due to Measles and another to Diphtheria, forming the whole Zymotic mortality.

(c) *Between 5 and 15 years.*—7 deaths, of which two are due to Tuberculous disease.

(d) *Between 15 and 25 years.*—8 deaths, 4 being due to Phthisis.

(e) *Between 25 and 65 years.*—In these four decades 48 deaths took place as follows.—

25 to 35 years	..	...	10 deaths
35 to 45 „	...	...	5 „
45 to 55 „	...	...	13 „
55 to 65 „	...	...	20 „

These deaths are distributed evenly among the various causes, Malignant Disease and Pneumonia being the cause of 14.

(f) *65 years and upwards.*—As usual nearly half the mortality occurs in this division.

65 to 75 years	...	...	37 deaths
75 to 85 „	...	...	34 „
85 and upwards	...	...	13 „

The chief causes are Apoplexy, Heart Disease and Senile Decay.

The age of the oldest person at death was 96 years.

ANALYSIS OF THE CAUSES OF DEATH.

Specific Febrile Diseases.

This division accounts for only 8 deaths giving a death-rate of $\cdot 60$ or $41\cdot 71$ per 1000 deaths, and is rather lower than last year.

Deaths from the chief Zymotic Diseases will be considered under the head of Zymotic Sickness.

Influenza is given as the cause of death in 6 cases, two being under one year.

Constitutional Disease.

The deaths under this head are 34, considerably lower than last year, the chief causes being Phthisis and Cancer. The deaths from Phthisis are 10 in number and cause a death-rate of $\cdot 75$ per 1000 for the year 1898. It is instructive to compare the mortality from this disease in a series of years, and the following table will show that it is steadily decreasing.

1873—1880	Average Death-rate	...	...	1·7
1881—1890	„ „	...	...	1·15
1891—1899	„ „	...	...	·93

For the decennium 1881-1890 over the whole of England and Wales the mortality was 1·7.

The deaths occurred equally in males and females and chiefly in persons engaged in agricultural employment.

As the Council will be aware there has been a good deal of talk during the last year with reference to Tubercular Disease in general. This has chiefly arisen on account of the recommendation of the Commission on Tuberculosis.

It is a fact that while deaths from Tubercular Disease of the lungs have steadily decreased in number during the last three decades, there has been no corresponding decrease in the number of deaths from other forms of Tubercular Disease, especially in Infants. This fact is taken to show that the probable cause of infection of infants is milk and it cannot be wondered at when we remember the statement that more than 33 per cent. of beasts over a year old are affected with Tubercular Disease, indeed were the human race as susceptible to the Tubercle Bacillus as guinea pigs, they would long ago have vanished from the face of the earth.

The recommendations of the Commission are very stringent and it does not appear to me that public opinion is yet ripe for such changes; I think however that much might be done if dairy-farmers would submit to a voluntary examination of their cows by the Tuberculin Tests at periods of about 12 months and would weed out those which show a reaction, and I am sure that the milk consumers would show their appreciation of a dairy known by certificate to be free from Tubercular disease. Of course it must be recognized that dairy cows in such a district as this are under much more favourable conditions than in towns where they are kept in a byre during the whole time they are giving milk. I would also suggest to the Council that any cow byres to be built in the future should be under such restrictions as to Cubic space and light as the Council consider advisable and that some bye-laws to give effect to this recommendation should be added to the existing bye-laws.

With regard to Phthisis itself a great deal may be done by educating public opinion into the belief that the disease is not hereditary and in an early stage and with favourable surroundings may be arrested if not cured. Especially should Phthisical persons be made to understand the great danger to others of expectorating on the ground or elsewhere, for such expectorated matter contains the Tubercle Bacillus in enormous numbers, it becomes dry in time and is carried about by dust and inhaled by others leading perhaps to Phthisis in them. If people in general could be made to realize this fact, I think they would recognize that it is quite as serious an offence against Public Health as to go about in the desquamating stage of Scarlatina, nay, more so, because the latter disease usually ends in recovery, the former, in death.

Cancer deaths number 15 and occur in the decades from 45 to 85, the incidence being nearly equal in the last 3 decades.

The situation of the disease has been as follows :—

Stomach	...	...	..	4 cases
Peritoneum	...	...	...	3 „
Intestine	...	...	...	2 „
Lip	}	...	..	...
Liver				
Kidney				
Uterus				
Neck				
Spinal Cord				1 each

The mortality from Cancer continues to be considerably higher than the rest of the Country, viz :—

	Death-rate.
England and Wales . . . . .	... .63
Penrith Rural District Average of 3 years	... 1.26
„ „ 1898	... 1.12

Developmental Disease.

Premature Birth (7) and Senile Decay (15) account for about the usual $\frac{1}{8}$ th of the total mortality.

Local Diseases.

This division absorbs 104 deaths, the greater number being due to Apoplexy (13), Heart Diseases (30), and Acute Lung Diseases (24).

Deaths from Violence.

There are fortunately only two deaths under this heading, both due to accident; one from a fall while hunting, and the other from a gunshot wound.

There are only Four cases in which the cause of death is returned as the result of Coroner's inquest.

Deaths from Ill-defined or Not Specified Causes.

This unsatisfactory division only contains four deaths, which will be found in Table III.

There are Eight “ Not Certified ” Deaths.

ZYMOTIC DISEASE.

Zymotic Death-rate.—There have been only two deaths from the principal Zymotic diseases viz :—One from Diphtheria and one from Measles. This is equal to a small Zymotic death-rate of $\cdot 15$ or to 11·42 deaths per 1000 of total deaths at all ages.

I have to congratulate the Council in the freedom of the district during the past year from any serious amount of epidemic disease. There have been only 31 cases of infectious disease notified, which I imagine is unexampled in the Sanitary history of the District.

Scarlatina.—Only 18 cases of this disease have been notified as compared with 46, 59, and 59, in the three previous years. In each case the house has been visited and instructions given. Seven cases were removed to the Isolation Hospital and to this I attribute the lessened incidence of the disease. The charges borne by the Council for the isolation are thus amply repaid by fewer number of cases and the consequent diminution of expense and worry to individual ratepayers. In the beginning of the year Scarlatina commenced in Skelton Parish, by infection apparently imported from Sowerby Row, where there was a slight outbreak in the end of 1897. This outbreak accounted for 6 cases, one of which was removed to the Hospital and the outbreak shortly subsided.

In July four cases of Scarlatina were reported in one day from Greystock and a serious outbreak appeared imminent. The patients were all, after a little local persuasion, removed to the Hospital, the houses disinfected and the school closed ; no further cases were reported.

In October three cases occurred near Ivegill, on the border of the district and others in the Carlisle district adjoining, one of these was removed to the Hospital.

The remaining cases occurred in a scattered manner but occasioned no spread. One case from the Post Office at Kirkoswald was treated in the Hospital.

The outbreak at Greystock is interesting as showing how much may be done by isolation of patients and disinfection carried out in a thorough manner by the Sanitary Officials. There were all the elements of an extensive spread of the disease, the children concerned were attending school, there were 18 susceptible persons in the three houses concerned and one house was close to the school buildings.

I am glad to think also that the prejudice against the removal of children to the Hospital is rapidly diminishing and that parents are beginning to see that it is for their own welfare as well as that of the Public Health.

There have been no cases in the Raughtonhead district this year.

The following list shows the localities and the number of houses infected during the year :—

Parish.	Cases.				Houses Infected.		
Croglin	1	...	...	...	1
Dacre	1	...	...	...	1
Glassonby	2	...	...	...	1
Greystock	4	...	...	...	3
Hesket	3	...	...	...	3
Kirkoswald	1	...	...	...	1

Diphtheria.—Three cases of this disease have been reported, all in Watermillock Parish. One in July, apparently a very mild case. Next in December two cases in children occurred in one house, the infection of the second case contracted from the first; the first child died the same day the notification certificate was received. Here the house is built on a very damp site, but I could not see that any dampness of the interior walls existed, and I was informed that the house itself was not damp. The conditions of the Water Supply were anything but satisfactory, these are now in process of reorganization.

Enteric Fever.—Three cases only of this disease have been notified as follows :—

Mungrisdale.—A very mild case in which no insanitary conditions were present.

Greystock.—One case. The water supply was very unsatisfactory, being derived from a spring which was covered by a rubbish heap on which all sorts of decaying matter was placed. The Drainage surroundings of the house also were not in a good condition. All this is now being remedied.

Langwathby.—One case. Here the Earth-closets in a row of cottages were connected directly with the sewer without any intervening trap. They are to be converted into w.c's.

Erysipelas.—Seven cases were reported, but without any fatal result and none of the cases require comment.

Epidemics of Measles at Blencarn and Skelton occurred, and in both places the schools were closed for a time; one death occurred at Blencarn.

Sanitation.

Inspections for special purposes have been made in many cases during the year and the villages of Gamblesby and Hutton Roof have been submitted to a house-to-house inspection. A considerable number of nuisances have also been reported by the Sanitary Inspectors and many of them remedied or in course of remedy.

Water Supply.

The water supply of the district is chiefly from wells, but several of the villages have obtained a public supply from springs in their neighbourhood, viz:—Threlkeld, Skirwith, Kirkoswald, Lazonby, Renwick, Langwathby, Ainstable, Great Salkeld, Kirkland, Blencarn, Gamblesby, Glassonby, Hunsonby, Winskill, Ousby, and Melmerby. There are also private supplies to the villages of Edenhall, Croglin, and Greystock.

The scheme of water supply for the Parish of Hesket is now nearly settled, a satisfactory source has been found at Clint's Spring in the Parish of Renwick, additional springs near to being able to be utilised if necessary. It is intended to supply the villages of Armathwaite, Nunclose, Aiketgate, High and Low Hesket, Southwaite, and Mellguards, also the houses on the route.

I have made an inspection of a good number of the water supplies, and with the exception of minor details, they are all satisfactory. In some cases however the land around the spring would be better if fenced in to prevent the access of cattle and fouling of the ground in the immediate vicinity.

Analysis of samples of water have been made in the undermentioned cases and the result is appended:—

Castlesowerby, James Well	..	} Satisfactory.
Spring at Berrier	...	
Clint's Spring, Scalehouses	...	
Bradshaw Spring „	...	
Lady Well „	...	
Lamonby, New Well	...	
Melmerby, Vicarage Well	...	Fair.
Redhills Dacre, Pump	...	} Bad.
Shire Well, Ousby	...	

The surroundings of the well at Redhills have been improved and I shall shortly make another analysis to see if the water is now fit for domestic use. The public well at Ousby has been ordered to be closed.

Scavenging.

The scavenging of the district is done privately, each household attending to the disposal of its own refuse. The system works fairly well, but more attention should be given to the cleansing of privies than is at present done; as almost every house has some land at its disposal the excrementitious matters are placed in the soil, and this could readily be done at more frequent intervals than at present.

Sewerage.

In several of the villages a sewer has been made at the public expense to the great improvement of the appearance of the villages, and of the health of the inhabitants. These villages are:—Armathwaite, Blencarn (part), Lazonby, Kirkoswald, Renwick, Great Salkeld (part), Little Salkeld (part), Greystock, Culgaith, Langwathby, and Threlkeld.

Glassonby has also a private sewer. I may remark that at Threlkeld where there were cases of diphtheria every year from 1893 to 1896 inclusive there have been none for the past two years since the sewer was put in.

At Croglin sewerage works are in process of formation.

Isolation Hospital.

The Rural District Council use, by arrangement, the hospital of the Urban Council, situated on Fair Hill, Penrith. Seven cases (of scarlatina) have been removed there during the year, as before reported.

Disinfecting Apparatus.

A Reck's Steam Disinfector at the Isolation Hospital is used when required.

For house disinfection an Equifex Sprayer is used with a Solution of Perchloride of Mercury (1 in 1000). I find it very satisfactory, and have never had any complaints arising out of its use. As compared with sulphur fumigation, it is infinitely superior; it leaves no smell, is simpler, and does no damage to wall-papers, &c., and, what is of considerable importance in cottage houses, the family need not be turned out of the house. I am inclined to believe that a good deal of the diminution of Scarlatina in the last year has been due to the use of this apparatus and while it is not safe to theorize on one year's results, still I hope and expect that the improvement will be maintained.

Bye-Laws.

Bye-laws relating to new Buildings, alterations to Buildings, and common Lodging Houses have been brought into use during the year.

Common Lodging Houses.

There is only one common lodging house in the district, that at Kirkoswald. It has not been in a satisfactory condition, but I intend shortly to inspect it, after they have had sufficient time to conform to the bye-laws.

Public Health Acts.

The Infectious Diseases Notification Act was adopted in this district in 1889. The Public Health Amendment Act (1890), and the Infectious Diseases Prevention Act (1890), in 1897.

The Reports of the Sanitary Inspectors and various Tables are appended.

SANITARY RETROSPECT.

- 1873—Kirkoswald Sewer.
- 1876—Renwick Sewer.
- 1878—Ainstable Water Supply.
Blencarn Water Supply.
Langwathby Water Supply.
- 1880—Blencowe Water Improvements.
- 1881—Great Salkeld Water Supply.
Skirwith Water Supply.
- 1884—Greystock Sewer.
- 1887—Croglin Water Supply (Private).
Greystock Water Supply (Private).
- 1888—Threlkeld Water Supply.
Calthwaite Water Supply (Private).
- 1889—Renwick Water Supply.
Infectious Diseases Notification Act Adopted.
- 1890—Great Salkeld Sewer (Part of Village).
Glassonby Sewer.
Stainton Water Supply.
Lazonby Water Supply.
- 1891—Skelton Sewer (Part of Village)
Skirwith Water Supply (Supplementary).
- 1892—Armathwaite Sewer.
- 1893—Stainton Sewer (Part of Villiage).
Culgaith Sewer (Part of Village).
Gamblesby Water Supply.
- 1894—Kirkoswald Water Supply.
Glassonby Water Supply.
Edenhall Water Supply (Private).
Lazonby Sewer.
- 1895—Langwathby Sewer.
- 1896—Little Salkeld Sewer. (Part of Village).
Blencarn Sewer (Part of Village).
Ousby Water Supply.
Hunsonby and Winskill Water Supply.
- 1897—Threlkeld Sewer.
Melmerby Water Supply.
Public Health Amendment Act, 1890, Adopted.
Infectious Diseases Prevention Act, 1890, Adopted.
- 1898—Bye-Laws relating to New Buildings and Common
Lodging Houses Adopted.

TABLE I.

Showing Population, Inhabited Houses, and Births and Deaths for the Year 1898, and 10 Years preceding.

DIVISION A (ACCORDING TO DISTRICTS).

Name of District.	Population Census, 1891.	Population Estimated 1898.	Area, Acres.	Inhabited Houses, 1891.	Population per House.	Population per Acre.	Registered Births.	Number of Deaths.		
								Total at all Ages.	Under One Year.	Under Five Years.
Penrith Rural Sub-district	3348	3189	24176	684	4·89	·13	75	37	5	6
Greystock	4639	4608	71614	948	4·89	·06	100	61	12	13
Kirkoswald	5609	5478	65503	1142	4·91	·08	116	77	7	9

DIVISION B.

The Year.	Estimated Population.	Number of Inhabited Houses.	Registered Births.	Number of Deaths.			Deaths in Public Institutions
				Total at all Ages.	Under One Year.	Under Five Years.	
1889	12891	—	322	195	—	—	Nil.
1890	12750	—	310	174	—	—	
1891	13595	2774	368	221	—	—	
1892	13577	”	341	200	—	—	
1893	13539	”	366	182	—	—	
1894	13648	”	327	188	35	—	
1895	13387	”	325	211	34	45	
1896	13351	”	330	163	19	34	
1897	13313	”	336	225	26	37	
1898	13275	”	291	175	24	28	

1. Population at Census, 1891, 13,595. 2. Average number of Persons in each house at Census, 1891, 4·90.
3. Area of District (Acres), 161,293. 4. Population per Acre, ·09.

TABLE II.

Showing the Annual Birth and Death-rates. Death-rates of
Children in a Thousand Deaths for the year 1898
and 10 years preceding.

DIVISION A (ACCORDING TO DISTRICTS.)

District.	Birth- rate per 1000 of popula- tion.	Death- rate per 1000 of popula- tion.	Deaths of children under 1 year per 1000 registered births.	Deaths of children under 1 year per 1000 total deaths.	Deaths of children under 5 years per 1000 total deaths.
Penrith Rural Sub-District	23·51	11·60	66·66	135·13	162·16
Greystock „	21·70	13·23	120·00	196·72	213·11
Kirkoswald „	21·17	14·05	60·34	90·90	116·88

DIVISION B.

The Year	Birth-rate per 1000 of population.	Death-rate per 1000 of population.	Deaths of children under 1 year per 1000 registered births.	Deaths of children under 1 year per 1000 total deaths.	Deaths of children under 5 years per 1000 total deaths.
1889	24·9	15·1	89	149	—
1890	24·3	13·6	80	148	—
1891	27·0	16·2	114	190	—
1892	25·1	14·7	76	130	—
1893	27·0	13·4	92·8	186·8	—
1894	24·35	14·00	107·00	186·16	—
1895	25·29	15·04	98·42	165·56	213·27
1896	24·99	12·09	62·07	126·57	211·31
1897	25·23	16·90	79·67	112·62	164·36
1898	22·12	12·96	82·33	140·91	164·05

TABLE 4.

Showing the Number of Deaths at all ages in 1898 from certain groups of Diseases, and the proportions to 1000 of Population, and to 1000 Deaths from all causes ; also the number of Deaths of Infants under one year of age from other groups of Diseases, and proportions to 1000 Births and 1000 Deaths from all causes under 1 year.

Division I. All Ages.	Total Deaths.	Deaths per 1000 of population at all ages.	Deaths per 1000 of total deaths at all ages.
1. Principal Zymotic Diseases	2	·15	11·42
2. Pulmonary Diseases... ..	26	1·95	148·57
3. Principal Tubercular Diseases ...	11	·82	62·85
Division II. Infants under 1 year.	Total Deaths.	Deaths per 1000 births,	Deaths per 1000 of total deaths under 1 year.
4. Wasting Diseases	8	27·49	333·33
5. Convulsive Diseases	0	0	0

1. Includes Smallpox, Measles, Diphtheria, Typhus, Scarlatina, Whooping Cough, Enteric Fever, and Diarrhoea.
3. Includes Phthisis, Tuberculosis, Scrofula, Rickets, and Tabes.
4. Includes Premature Birth, Marasmus, and Debility.
5. Includes Convulsions, Hydrocephalus, Infantile Meningitis, and Teething.

TABLE V.

Showing the number of Deaths from the Principal Zymotic Diseases in the
Ten Years, 1888—1897, and in the Year 1898.

Disease.	1888	1889	1890	1891	1892	1893	1894	1895	1896	1897	Annual Average of 10 years: 1888—1897	Total Deaths in 1898.	Proportion of Deaths to 1000 in 1898
Smallpox ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles ...	...	2	1	...	...	2	...	...	...	...	.5	1	5.71
Scarlatina ...	...	...	1	1	...	1	...	1	1	...	.5	...	...
Diphtheria ...	...	2	5	...	2	2	4	1	...	1	1.7	1	5.71
Whooping Cough ...	...	1	...	3	...	...	1	...	1	...	.6	...	...
FEVERS—													
Typhus ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric ...	...	...	1	2	...	...	...	...	1	2	.6	...	...
Simple continued ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diarrhoea ...	1	1	...	...	...	...	...	3	8	2	1.5	...	...
TOTALS ...	1	6	8	6	2	5	5	5	11	5	5.4	2	11.42

THE RURAL DISTRICT COUNCIL OF PENRITH.

INSPECTORS' REPORTS of the Sanitary Measures carried out for the year ending Dec. 31st, 1898.

INSPECTORS :—*East Division* : THOMAS WATSON, Kirkoswald ; *West Division* : WILLIAM LEE, Penrith.

			EAST DIVISION.		WEST DIVISION.	
No. of Complaints	...	...	20		8	
No. of Inspections	...	...	180		143	
No. of Re-Inspections	...	...	80		23	
Results of Inspections :—						
Orders issued for Sanitary Amendments of Houses and Premises, &c.	...	...	10		7	
Houses, Premises, &c., Cleaned & Repaired	...	...	6		2	
Whitewashed, &c.	...	...	None		None	
Houses Disinfected after Illness of an Infectious character	...	...	2		18	
House Drains :—						
Repaired, Cleansed, Trapped, &c.	...	...	} 3.	Hunsonby, &c.	12	
Ventilated	...	...		
Privies and W.C.'s :—						
Repaired, &c	...	...	} 4		4	
Supplied with Water	...	...			2	
New Provided	...	...	None		2	
Water Supplies :—						
New Wells	...	...	None		1.	Lamonby Village
Wells Cleaned	...	...	None		None	
Schemes Carried Out	...	...	Armathwaite (part)		None	
Sewerage Works—Schemes Carried Out	...	...	Croglin (part), Hunsonby, Farm Yard, Langwathby, Edenhall Vicarage		2.	Penruddock and Threlkeld completed
Certificates for New Houses	...	...	Edenhall, 2; Blencarn, 1		1.	Skelton
Lodging Houses	...	...	Kirkoswald—This house cleaned, Limestone washed in the months of April and October. Several times inspected		None in the District	
Licensed Cowsheds :—						
No. in District and No. of Inspections	...	...	1.	Inspected once	3.	Inspections, 8

